

Nov. 29, 2017

Dear Chairman Vaupel and members of the House Health Policy Committee:

On behalf of registered nurses around the state, I'm writing to express our organization's appreciation for your consideration of House Bills 4629-4631. These bills, known collectively as the Safe Patient Care Act, aim to protect people in Michigan hospitals from harm by setting safe limits on nurses' patient assignments, curbing the use of forced overtime for RNs, and requiring more transparency from hospitals. This legislation addresses issues that affect every legislative district and transcend geographical and partisan divisions, as you can see by the wide variety of your colleagues who have sponsored or cosponsored one or more bills in the package.

This legislation is about finding solutions to make sure all Michigan residents receive the care they need and deserve when they are in the hospital, plain and simple.

I've appreciated conversations with many of you regarding these issues, and I will focus here on three points that I think are essential as conversations about these bills move forward.

- **Current efforts are not sufficient.** Far too many preventable infections, falls, readmissions and deaths are taking place. We don't know exact numbers because hospitals are not required to disclose these. What we do know is what registered nurses tell us, and we need to listen to them because they are the professionals who provide the majority of direct-care to patients. Nurses all over the state in all kinds of hospitals are saying that the lack of laws about nurse staffing and forced overtime is putting their patients at risk. While acknowledging that many Michigan hospitals are engaged in efforts to improve the safety and quality of care and some do a fine job with staffing, it's also important to recognize that voluntary efforts with no transparency and no accountability are not, and cannot be, sufficient when it comes to public safety issues like these. While many consider health care a private industry, the reality is that hospitals rely on significant government funding through Medicaid and Medicare and they provide a service that virtually all of us need at one point in our lives. Therefore, the government, as representatives of the public, has a vested interest in intervening when it makes sense and is necessary, as it is in the case of making sure people are safe in Michigan hospitals.
- **Nurses, including nurses working through their unions, cannot solve this problem alone.** Rampant nurse understaffing and excessive overtime persist, frankly, in part because nurses are so dedicated to their patients and their profession. Nurses rarely talk about these problems outside hospital walls, and do everything they can to work around them. In most cases, simply pushing for better staffing or saying no to unsafe overtime can get them fired. Collective bargaining rights are incredibly important, because nurses in unions can safely speak up and can negotiate staffing and other issues at the table. However, less than 80 percent of Michigan RNs belong to unions, so most have no protections and no guarantee of a real voice in the workplace. It's also very difficult to get specific staffing language in a contract and to enforce it when it's there. If nurses could solve these problems on their own, they would. And if all hospitals would do the right thing on their own, routine understaffing and overworking of nurses would not be happening. Only a state law can truly ensure that all nurses at all hospitals – and therefore all Michigan nurses – are not forced to care for an unsafe number of patients or work unsafe hours.

- **A perceived nursing shortage is not the problem.** Nurses love their hospitals and want to be proud of where they work. Neither MNA nor any other nursing group nor any individual nurse is at war with hospitals. The problem, though, is that hospitals in general are not living up to their responsibility to solve these issues. For example, we often hear about a "nursing shortage" that handicaps hospitals. While there may be isolated cases of problems with supply, in general, what we find is that hospitals are artificially contributing to a shortage in the following ways:
  - **There is not a shortage of nurses in Michigan, but rather a shortage of nurses willing to work under the conditions that many hospitals create.** Nurses want to do a good job taking care of their patients and this is impossible when a hospital consistently schedules too few RNs or routinely forces them to work excessive hours. We are losing too many experienced nurses from hospitals because they are unwilling to keep putting their patients, themselves and their licenses at risk.
  - **New nurses are leaving the profession.** Graduating more nurses won't solve the problem. Too many RNs are graduating and going to work in hospitals, which is where most new RNs start, and then leaving the profession because the workload is unreasonable and unsafe. New nurses need extensive training, orientation and the supervision of an experienced nurse. Yet too often they are thrown in without that, and forced to take care of patients before they are ready and able because the nurse who is supposed to be training them is overloaded with patients herself. This system is unsafe and unfair to new nurses, current nurses and most of all, patients.
  - **Hospitals are discarding a whole segment of skilled, capable nurses.** To become a licensed RN, a person must earn either a two-year or four-year degree and pass a national exam. Either way, nurses follow the same core curriculum and clinical training and take the same tough exam. The two-year nursing degree is a cost-effective way for a person to expediently enter the workforce. In fact, almost half of Michigan nurses working and providing excellent care right now are associate degree nurses. Yet many hospitals are refusing to hire new associate degree nurses and forcing current nurses, even those with years of experience, to go back and get their bachelor's degree. This is primarily a marketing technique for hospitals. What really matters is whether the hospital has enough RNs to take care of you – not how many of the hospital's nurses have taken extra classes. It is a disservice to all when hospitals refuse to use the qualified professionals available.
  - **Hospitals tend to be investing in new buildings and fancy technology instead of hiring nurses.** Many nurses will tell you that their hospital has lots of postings for nursing jobs, but rarely fills them. Hiring full-time nurses seems to be a low priority, even when a hospital is clearly in a strong financial position. Instead, too many hospitals rely on understaffing and overworking the nurses they already have. When there are heated sidewalks outside a facility but an ER nurse is taking care of six patients at once because it's understaffed, the priorities are definitely off.

Thank you for your time and as always, feel free to contact me any time if you have questions or concerns about this legislation or any other nursing issue.

Sincerely,

*Dawn*

Dawn Kettinger  
 Government Affairs Director, Michigan Nurses Association  
[dawn.kettinger@minurses.org](mailto:dawn.kettinger@minurses.org)  
 (517) 721-9688